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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Complete if Known				
					Application Nu	Application Number 10/053,053			
					Filing Date		January 16, 2002		
					First Named In		Lee L. Swanstrom		
					Examiner Nam		Alikhani, Shadi		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	- / "	3734		
TOTAL AMOUNT OF PAYMENT (\$)					Attorney Docke		734 395-US		
METHOD OF	PAVMENT				Attorney Doone	1110.	383-00		
							<u>-</u>	***	
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17									
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information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILI	NG, SEARC	H, AND E	EXAMINATION F		011 5550	CVANIA	· ATION 6		
		St	mali Entity	SEAR	CH FEES Small Entity	EXAMIN	NATION F Small E		
Application	Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)			Fees Paid (\$)
Utility		330	165	540	270	220	110		
Design		220	110	100	50	140	70	_	
Plant		220	110	330	165	170	85	-	
Reissue		330	165	540	270	650	325	_	·
Provisional		220	110	0	0	0	0	0	
2. EXCESS CLAIM FEES									III Entity
<u>Fee Descripti</u> Each claim	over 20 (inc	luding Re	rissues)					52 <u>F</u> (5)	ee (\$) - 26
			ncluding Reissuc	es)			22		110
	pendent clair								195
Total Claims 59 Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims		
	20 or HP =		x, if greater than 20.	=			Fee) (\$)	Fee Paid (\$)
Indep. Claims	3 E	xtra Claim		Fee [Paid (\$)				
		dont deime		=					
3. APPLICATION			paid for, if greater tha	an 3.					
If the specific	ation and dr	awings ex	ceed 100 sheets						
			the application s				mall entit	y) for each	additional 50
sheets or t	fraction there	eof. See 3 xtra Sheet	35 U.S.C. 41(a)(1)(G) as	nd 37 CFR 1.1 additional 50 o	6(s).	thereof	Fee (\$)	Fee Paid (\$)
-	100 =				(round up to a w			I AA TAI	=
	4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):									
UBMITTED BY									
Signature And			ide P		egistration No. 53,257 Telephone 949-713-8233			9-713-8233	
Jame (Print/Tyne)	David C. Mair		- un (" " " " " " " " " " " " " " " " " " 	<u> </u>	ttorney/Agent)			ate December	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.